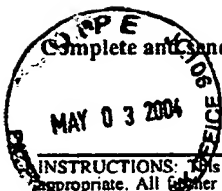


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**
Mail Stop ISSUE FEE
Commissioner for Patents
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All future correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590

02/03/2004

Gregory Scott Smith Esq
 Troutman Sanders LLP
 600 Peachtree Street
 Suite 5200
 Atlanta, GA 30303

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James E. Schutz

(Depositor's name)

(Signature)

April 29, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/638,921	08/15/2000	Alan David Sanders	NET01.TBA	9161

TITLE OF INVENTION: RADIO NETWORK TEST ANALYSIS SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	05/03/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, TUAN A	2682	455-434000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Troutman Sanders LLP

2 James E. Schutz

3 Ryan A. Schneider

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Telecom Network Optimization, Inc., d/b/a Wider Networks

Atlanta, GA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies _____

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(Authorized Signature)

(Date) April 29, 2004

James E. Schutz, Reg. No. 48,658

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05/04/2004 SHINASS2 00000015 09638921

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